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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9	NORTHERN DISTRICT OF CALIFORNIA
10	ELIAS HEIZNANDEZ MOLACUS CV. 08 2238
11	Plaintiff, CASENO.
12	vs.) PRISONER'S) APPLICATION TO PROCEED
13) <u>IN FORMA PAUPERIS</u>
14	Defendant. (PR)
15	I, E. Henning Number declare, under penalty of perjury that I am the
16	plaintiff in the above entitled case and that the information I offer throughout this application
17 18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
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22	In support of this application, I provide the following information:
23	In support of this application, I provide the following information: 1. Are you presently employed? Yes No
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23	1. Are you presently employed? Yes No If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:
23 24	1. Are you presently employed? Yes No If your answer is "yes," state both your gross and net salary or wages per month, and give the
23 24 25	1. Are you presently employed? Yes No If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

1	If the answer is "no," state the date of last employment and the amount of the gross and net
2	salary and wages per month which you received. (If you are imprisoned, specify the last
3	place of employment prior to imprisonment.)
4	
5	NOT ENPROYED, 145 MONTAL
6	DISABILITY
7	2. Have you received, within the past twelve (12) months, any money from any of the
8	following sources:
9	a. Business, Profession or Yes No
10	self employment
11	b. Income from stocks, bonds, Yes No
12	or royalties?
13	c. Rent payments? Yes No
14	d. Pensions, annuities, or Yes No
15	life insurance payments?
16	e. Federal or State welfare payments, Yes No
7	Social Security or other govern-
8	ment source?
9	If the answer is "yes" to any of the above, describe each source of money and state the amount
20	received from each.
21	C.H.7. (wis) 2003
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3	3. Are you married? Yes No
4	Spouse's Full Name: 52, Feople's Sav. Rank & Smith. 210
5	Spouse's Place of Employment: IOUI 136.230 Pw. 565, 69, ALK-39
6	Spouse's Monthly Salary, Wages or Income:
7	Gross \$ Net \$
8	4. a. List amount you contribute to your spouse's support:\$ \(\frac{\mathcal{V} \mathcal{F}}{\mathcal{F}} \)
- II	

1	b. List the persons other than your spouse who are dependent upon you for
2	support and indicate how much you contribute toward their support. (NOTE:
3	For minor children, list only their initials and ages. DO NOT INCLUDE
4	THEIR NAMES.).
5	706 negrative av Affirmative nature.
6	
. 7	5. Do you own or are you buying a horne? Yes No
8	Estimated Market Value: \$ Amount of Mortgage: \$
9	6. Do you own an automobile? Yes No
10	Make Year Model
11	Is it financed? Yes No/_ If so, Total due: \$
12	Monthly Payment: \$
13	7. Do you have a bank account? YesNo (Do not include account numbers.)
14	Name(s) and address(es) of bank:
15	
16	Present balance(s): \$
17	Do you own any cash? Yes No Amount: (\$)
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19	market value.) Yes No/
20	53. Jenkins Y Neft 186 US 230, 46, L. F/140
21	8. What are your monthly expenses? 225ct 405
22	Rent: \$ Utilities:
23	Food: \$ Clothing:
24	Charge Accounts:
25	Name of Account Monthly Payment Total Owed on This Acct.
26	54. O'Connors & Blanker Trust. & co. 154 misc.
27	920, 289. NYS\$ 252, affd 253 \$ APP. Div. 714,
28	1 NY 57 1 641 abbles 278 NY 649, 16 8 NF2 1 302 Fet 20
	Vstate Bank of foresville, 229 wis 452.282, No
PRIS. APP. TO PRO	C. IN FORMA PAUPERIS - 3 -

1	9. Do you have any other debts? (List current obligations, indicating amounts and to
2	whom they are payable. Do not include account numbers.)
3	30.50 Am Jux. 2d Jetter of Credit.
4	
5	10. Does the complaint which you are seeking to file raise claims that have been presented
6	in other lawsuits? Yes No
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8	which they were filed.
9	CV 9999 008 2238 KMW 0082237
10	SAN JOSE And. Son Francisco
11	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
13	I declare under the penalty of perjury that the foregoing is true and correct and
14	understand that a false statement herein may result in the dismissal of my claims.
15	e^{1}
16	5 May 2008 (103 Hernandez M.
17	DATE SIGNATURE OF APPLICANT
18	MARY WELCH
19	MARY WELCH Notary Public, State of Missouri Greene County Commission # 07023566
20	My Commission Expires July 09, 2011
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1	2238
2	Case Number: $\frac{08-2238}{}$
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8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of 4/194 H i Wl for the last six months
14	Srying field Missori where (s)he is confined.
15	I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$
18	Dated: 5/6/08
19	Dated: [Authorized officer offthe institution]
20	Mariant Malla (191)
21	MARY WELCH Notary Public, State of Missouri
22	MARY WELCH Notary Public, State of Missouri Greene County Commission # 07023566
23	Commission # 07023566 My Commission Expires July 09, 2011
24	5-6-08
25	[Authorized officer offthe institution] [Authorized offthe institution] [Authorized offthe institution] [Authorized
26	
27	
28	

Filed 05/20/2008

12347 -006 Elias. Hernordez moredes.

BUSINESS REPLY

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

SAN FRANCISCO CA 94102-9680 PO BOX 36060 US DISTRICT COURT 450 GOLDEN GATE AVE

